

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 5, 1991

ALL-COUNTY LETTER NO. 91-11


TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY GAIN COORDINATORS

SUBJECT: THE GREATER AVENUES FOR INDEPENDENCE (GAIN)
PROGRAM--ADDITIONAL FORMS TO IMPLEMENT THE FINAL
REGULATIONS OF THE JOB OPPORTUNITIES AND BASIC
SKILLS (JOBS) TRAINING PROGRAM (FAMILY SUPPORT ACT
OF 1988--PUBLIC LAW 100-485)

The purpose of this letter is to transmit to County Welfare Departments (CWDs) reproducible copies of additional and revised forms which are necessary to implement the final JOBS regulations and other changes to GAIN.

As noted in ACL 90-98 the State Department of Social Services (SDSS) is transmitting new and revised forms and notices in priority order; this is the third and last set of forms provided for your use. The overpayment notices and Notice of Action (NOA) Messages will be transmitted under separate cover.

If you have any questions regarding this letter, please contact your County GAIN and Employment Services Operations Bureau Analyst at (916) 324-6962.


DENNIS J. BOYLE
Deputy Director

Enclosures (to County GAIN Coordinators
only)

cc: CWDA

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PROCEDURAL GUIDELINES

A. AVAILABILITY OF CAMERA-READY MASTERS OF FORMS AND OF TRANSLATIONS

Reproducible copies of the new and revised GAIN forms are attached for temporary reproduction. You may request camera-ready masters of the forms in English and Spanish from DSS Forms Management by calling (916) 322-8738. Printed versions of the GAIN 39 form should be available at the SDSS Warehouse by April 1991. Due to the anticipated low usage of these forms, the GAIN 56 and 32 will not be stocked at the SDSS Warehouse.

Camera-ready masters of the new forms or form revisions will be automatically provided in Cambodian, Chinese, Lao and Vietnamese as soon as they are available. They will be transmitted by a DSS Language Services letter directed to the attention of County Forms Coordinators. County GAIN Coordinators will receive a copy of this letter to advise them that the translations have been transmitted to their respective Forms Coordinators.

B. TRIAL PERIOD FOR TEMPORARY FORMS

The forms developed or revised as a result of AB 312 have been designated as temporary (TEMP) in order to provide for a field-testing period. The field test period will give us time to assess their workability and to get input from the Counties and welfare advocates on any recommended changes prior to the release of final forms. We expect that printed versions of the permanent forms will be available at the SDSS Warehouse by March 1992.

C. PERMITTED COUNTY FORMS CHANGES

All the new and revised forms enclosed with this ACL are being designated as either "Required Form, No Substitutes Permitted", "Required Form, Substitutes Permitted with Prior State Approval" or "Recommended." County revisions which will not require prior DSS approval include the following: address information and spacing required for window envelopes; County-specific headers; County GAIN logos; and attachments such as maps or other instructions to guide the client to an activity location(s). Please consult with your GAIN and Employment Services Operations Analyst if you wish to make other types of revisions to the forms.

NEW AND REVISED GAIN FORMS

1. **GAIN 56 - REQUEST FOR GAIN SUPPORTIVE SERVICES (NEW)**
(Required; substitutes permitted)
(MPP 42-750)

This form has been developed to provide GAIN participants a means by which they can make a written request for the supportive services they need. Counties must provide this form if an individual requests it.

2. **GAIN 32 - REQUEST FOR THIRD PARTY ASSESSMENT (REVISED)**
(Required; substitutes permitted)
(MPP 42-773)

This form is being revised to provide an explanation of the State hearing rights during the Third Party Assessment process. All other instructions concerning the GAIN 32 remain the same.

3. **GAIN 39 - NOTICE TO OTHER PARENT (REVISED)**
(Required; substitutes permitted)
(MPP 42-781.63)

This form is being revised to provide information to the other parent on ways to maintain cash aid and the effect on cash aid for stopping GAIN participation.

GAIN SUPPORTIVE SERVICES REQUEST FORM

ADDRESSEE

SERVICE DATE:

CASE NAME:

CASE NUMBER:

PARTICIPANT'S NAME:

STARTING DATE OF ACTIVITY:

THIS FORM IS FOR YOU TO COMPLETE TO HELP THE COUNTY DECIDE WHAT SUPPORTIVE SERVICES YOU WILL GET WHILE YOU ARE IN GAIN.

Your County will help you arrange and/or pay for child care, transportation and other supportive services. If you need it and ask for it, your County will give you the money for your supportive services before the service is used. That way you will not be out any money for even a short time. (This is called an advanced payment). If the County determines that a supportive service or an advance payment is not necessary, the County will tell you why.

CHILD CARE

- ☐ I need help in finding child care.
- ☐ I need the cost of child care paid for my children who are under age 13 or disabled or under court supervision.
- ☐ I need an advance payment for child care expenses because: _____

TRANSPORTATION

- ☐ I need transportation expenses paid for me.
- I want to use:
- ☐ Bus service
- ☐ My own car
- I understand that if there is public transportation available that would not require more than two hours round trip to get me to my GAIN activities, I may still choose to drive my car, but I will only get what it costs to take public transportation.
- ☐ Other - specify _____
- ☐ I need to pay for parking.
- ☐ I need an advance payment for transportation expenses because: _____

WORK AND TRAINING RELATED EXPENSES

- ☐ I need help to pay for training and/or work materials like books, tools or special clothing. Items needed are: _____
- ☐ I need an advance payment for work and training expenses because: _____

PERSONAL COUNSELING

- ☐ I need to be referred for personal counseling.

If GAIN pays more child care, transportation costs or work and training costs than you need to participate, you will have to pay GAIN back. If you get an advance payment that you do not use to pay for GAIN supportive services, we may collect the money you owe us by reducing a future payment. You will have a right to a fair hearing on any overpayment. You may not have to pay GAIN back while you are in GAIN if to do so it would make you unable to participate or to accept a job offer, or it would make you change the child care you have while in GAIN activities.

PARTICIPANT SIGNATURE

DATE

COUNTY USE ONLY:

REQUEST FOR GAIN THIRD-PARTY ASSESSMENT

INSTRUCTIONS: CWD completes all information. The GAIN worker and GAIN participant must sign form before CWD submits original to the GAIN Third Party Assessor. A copy is given to the GAIN participant, the original assessor and a copy is retained by the CWD.

THIRD PARTY ASSESSOR		COUNTY WELFARE DEPARTMENT	
ADDRESS		ADDRESS	
CITY	ZIP CODE	CITY	ZIP CODE
PHONE NUMBER			
GAIN WORKER (CONTACT PERSON)			PHONE NUMBER
ORIGINAL ASSESSOR			PHONE NUMBER
ADDRESS		CITY	ZIP CODE
GAIN PARTICIPANT		CASE NUMBER	PHONE NUMBER
ADDRESS		CITY	ZIP CODE

A Third Party assessment is being asked for because:

The Third Party Assessment must be followed by the CWD and the GAIN participant to figure the best Employment Plan. You can ask for a state hearing after the Employment Plan is done, if you do not agree. While this is going on, you can get free legal help at your local legal aid office, welfare rights group or from the CCWRO at the address below.

WORKER SIGNATURE	DATE
GAIN PARTICIPANT SIGNATURE	DATE

NOTICE TO OTHER PARENT

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Notice Date: _____

This is to let you know that there is a problem with _____'s participation in GAIN. We would like to work out a plan to meet GAIN requirements. If a plan is agreed to your family's cash aid will not be lowered. But if the problem is not worked out, both you and _____ can lose cash aid. Your children will still get their part of the cash aid.

You will still get your part of the cash aid if you are already in GAIN or you agree to take part in GAIN or you are working 40 hours or more per week making at least minimum wage. You can agree to take part in GAIN at any time. But if you agree after your cash aid is stopped, you must ask for cash aid again.

If you start taking part in GAIN and then stop, you will lose your part of the cash aid even if you had a good reason when you stopped.

Call _____ for more information.